

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 23, 2002

ALL COUNTY INFORMATION NOTICE 02-72

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CHILD FATALITY REVIEWS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☒ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

This All-County Information Notice (ACIN) provides information about the purpose of the case reviews of child fatalities conducted by the Children's Services Operations Bureau (CSOB). This ACIN also clarifies the protocol counties are to use when reporting child fatalities to the CSOB and provides revised forms to be used for reporting purposes.

The statutory authority for the California Department of Social Services (CDSS) to conduct child fatality reviews can be found in Welfare and Institutions Code Section 10600 and in Penal Code Sections 11166.9(a), 11166.9 (b) and 11166.95. These statutes require the CDSS to work with its partners in child protection toward the identification and prevention of child fatalities.

As you are aware, the CSOB conducts case reviews of child fatalities suspected of resulting from child abuse or neglect in which there has been current or prior child welfare services involvement. This includes children in emergency response, voluntary or court ordered family maintenance, family reunification, and permanency planning programs. This would also include those cases where the deceased child has no siblings. The purpose of these reviews is to analyze the circumstances of a child's death and to identify Division 31 compliance issues and county or statewide trends. This information can lead to future regulatory or policy changes that could serve to better protect children. Furthermore, the analysis will assist with identifying specific training needs for child welfare staff.

To help facilitate these reviews, CDSS requests that all county Child Welfare Services (CWS) agencies complete a Child Fatality County Questionnaire and fax it to the CSOB Bureau Chief as the means for notifying the CSOB of a child fatality. Additionally, the county CWS agencies are to provide the CSOB with additional information, as needed, in order to complete the case review, such as coroners reports, county-specific policies and procedures, and case information not available on the Child Welfare Services/Case Management System (CWS/CMS). For the purpose of these reviews, each county child welfare director is identified as the single point of contact responsible for completing the questionnaire each time a child fatality occurs suspected of being caused by child abuse

and neglect. The director will continue to communicate with the CSOB staff regarding the facts of the case. Enclosed is the revised Child Fatality County Questionnaire.

The aforementioned CSOB Child Fatality Review protocol is not, however, in lieu of the requirements to report child fatalities on CWS/CMS as stated in All County Letter (ACL) 14-01 and Senate Bill 525 (Polanco, Chapter 1012, Statutes of 1999). ACL 14-01 requires that all county CWS agencies create a record in the CWS/CMS for all cases of child death suspected to be related to child abuse or neglect regardless of whether the deceased child has any known or surviving siblings. Please refer to ACL 14-01 and its attachment for the reporting process.

If you have any questions regarding this notice, please contact Ellie Jones, Child Fatality Review Manager, Children's Services Operations Bureau at (916) 445-2832.

I thank you in advance for your cooperation.

Sincerely,

***Original Document
Signed By***

SYLVIA PIZZINI
Deputy Director
Children and Family Services Division

Enclosure

California Department of Social Services
Children's Services Operations Bureau
Main Telephone Number: (916) 445-2832
Fax Number: (916) 445-2836

Child Fatality County Questionnaire

County Contact Information

Name:

Telephone Number:

Name of Child:

County:

Child's Date of Birth:

Child's Date of Death:

Child's SSN:

Child's Gender:

Name of Child's Parents

Mother:

Father:

Preliminary Cause of Death: _____

Name of Alleged Perpetrator:

Caretaker at Time of Death:

Service Component (ER, FM, FR, or PP):

Placement Type (e.g., relative, FFA, FFH, GH, etc.):

Was a Suspected Child Abuse Report filed? (If 'no', file PC 11166) Yes No

Was the child placed out-of-county? (If 'yes', explain in Comments below): Yes No

List all known CWS History (attach additional sheets as necessary):

Date	Abuse Type	Disposition of Referral	Case Opened? Y\N	Referral/Case Status at Time of Death

Comments/Other: _____

Please fax this form, along with copies of any news articles related to this death, to the Children's Services Operations Bureau, Attention: Bureau Chief at (916) 445-2836